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CONFIRMATION NO. 5444 .

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|--|--|---------------------------------------|--|--|--|-------------------------------|----------------------------|--|--|
| SERIAL NUMBER 10/058,574 | FILING DATE 01/28/2002 RULE | CLASS 455 370 | GROUP ART UNIT 2682 2614 | ATTORNEY DOCKET NO. CM04664H | | | | | |
| APPLICANTS Mario F. Derango, Wauconda, IL; Michael F. Korus, Eden Prairie, MN; | | | | | | | | | |
| ** CONTINUING DATA None C.S.S. | | | | | | | | | |
| ** FOREIGN APPLICATIONS None C.S.S. | | | | | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/19/2002 | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; border-bottom: 1px solid black; vertical-align: bottom;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____ </td> <td style="width: 15%; text-align: center; vertical-align: middle;"> STATE OR COUNTRY IL </td> <td style="width: 15%; text-align: center; vertical-align: middle;"> SHEETS DRAWING 5 </td> <td style="width: 15%; text-align: center; vertical-align: middle;"> TOTAL CLAIMS 14 12 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> INDEPENDENT CLAIMS 2 1 </td> </tr> </table> | | | | | Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____ | STATE OR COUNTRY IL | SHEETS DRAWING 5 | TOTAL CLAIMS 14 12 | INDEPENDENT CLAIMS 2 1 |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____ | STATE OR COUNTRY IL | SHEETS DRAWING 5 | TOTAL CLAIMS 14 12 | INDEPENDENT CLAIMS 2 1 | | | | | |
| ADDRESS 22917 | | | | | | | | | |
| TITLE Reservation proxy function supporting filtering of multicast traffic in packet-based communication systems | | | | | | | | | |
| FILING FEE RECEIVED 740 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <div style="float: right; border: 1px solid black; padding: 5px; width: 300px;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other, _____ <input type="checkbox"/> Credit </div> | | | | | | | | |